



Practitioner's Docket No.: 1372.136.PRC

**PATENTS**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Praveen K. Samudrala et al.	)	
		)	
Serial No.:	10/708,268	)	Art Unit: 2819
		)	Examiner: Daniel D. Chang
Filed:	02/20/2004	)	Confirmation No.: 2267
		)	
For:	Method and Apparatus for Creating	)	
	Circuit Redundancy in Programmable	)	
	Logic Devices	)	

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is an independent inventor. A statement was already filed.

**EXTENSION OF TERM**

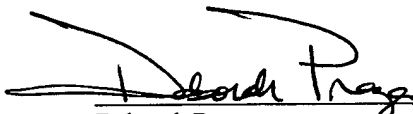
3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that an extension of term is required. Petition and Fee for Extension of Time is attached hereto.

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**CERTIFICATE OF MAILING**  
(37 C.F.R. 1.10)

I HEREBY CERTIFY that this correspondence is being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee," mailing Label No. EV624409578US, addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 10, 2005.

Dated: May 10, 2005

  
Deborah Preza

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	26	Minus	27	= 0	x \$25 =	\$0
Indep.	3	Minus	3	= 0	x \$100 =	\$0
First Presentation of Multiple Dependent Claim					+ \$180 =	\$0
Total						Addit. Fee \$0.00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
  - \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
  - \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Additional fee for claims is required.

## FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Deposit Account No. 500745.  
If any additional fee for claims is required, charge Deposit Account No. 500745.

Very respectfully,

*Molly L. Sauter*

**SIGNATURE OF PRACTITIONER**

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